

STATE OF NEVADA**Intake Report of Harassment or Discrimination**

(To be completed by agency coordinator or harassment/discrimination unit investigator.)

Date of Report:**Time of Report:****SECTION I – COMPLAINANT INFORMATION:**

1. Employee Name

2. Title

3. Immediate Supervisor

4. Department

5. Division

6. Section/Unit

7. Work Location

8. Work Phone

9. Home Phone

SECTION II – COMPLAINANT INTERVIEW: (Attach original documentation of statements, materials or evidence)**Make complainant aware that complaints of harassment or discrimination will be investigated.**

1. Describe the harassment/discrimination incident(s).

2. Who or what was responsible for the harassment/discrimination incident(s)?

3. Where did the harassment/discrimination incident(s) take place?

Intake Report of Harassment or Discrimination

4. List the date(s) and time(s) that the harassment/discrimination incident(s) occurred.

5. Have you reported this incident to anyone else?

6. Identify any witnesses to the harassment/discrimination incident(s). Please provide name(s), address(es), and phone number(s).

7. What remedy are you seeking?

8. Interviewer comments.

SECTION III - ALLEGED OFFENDER INFORMATION:

1. Employee Name

2. Title

3. Immediate Supervisor

4. Department

5. Division

6. Section/Unit

7. Work Location

8. Work Phone

9. Home Phone

10. Comments

11. Name of person completing this form (please print):

12. Phone Number

Date Investigation Completed:

Time Investigation Completed:

ORIGINAL TO INVESTIGATOR

COPY TO AGENCY DIRECTOR OR AGENCY PERSONNEL LIAISON